

# 2008 Camp Blessing Application & Health History page 1

Additional Forms can be printed from our website at: [www.campblessing.com](http://www.campblessing.com)

Deadline for applications is June 1<sup>st</sup>! Applications are on a first come, first served basis.

A \$20.00 late fee will be applied for all applications received after June 1. (**Applications MUST be in one week prior to camp start date.**) We reserve the right to cancel a camp if registration is inadequate. Medical Record form must have been completed within the proceeding 24 months and be on file at Camp.

## Camp Schedule for Wausau Camps

June 16-20	Special Person's Camp	Leah Schwebke and Wayne Urbaniak, Co-Directors
July 13-19	Children's Camp	Becky Schultz and Liz Fischer, Co-Directors
July 20-26	Teen Camp in Wausau	Steve Skorup, Director

*Note: 12 year olds can attend either Children's Camp or Teen Camp, but note both in the same year.*

Name of camper \_\_\_\_\_

Camp attending \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ I am: Male \_\_\_ Female \_\_\_ Grade completed \_\_\_\_\_

List any dietary restrictions \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Emergency contact (if parent unavailable) \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Workphone \_\_\_\_\_ Cell \_\_\_\_\_

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<b>Health History</b> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Seizures <input type="checkbox"/> Epilepsy	<b>Check all that apply</b> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Disease/Defect <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Other (Specify Below) <hr style="width: 100%;"/>	<b>Allergies – List</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Drug _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Plant/Pollen _____ <input type="checkbox"/> Animals _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Other _____	<b>List Reaction</b> _____ _____ _____ _____ _____ _____
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Indicate and explain below: Operations/Serious Injuries \_\_\_\_\_ Chronic or recurring illness \_\_\_\_\_  
 Dietary Restrictions \_\_\_\_\_ Learning Difficulties \_\_\_\_\_ Physical, Social, Emotional Special Needs \_\_\_\_\_

List any activity limitations or special conditions to be watched (bed wetting, fainting, sleep disturbances, menstrual cramps, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note for Special Persons Camp: the coordinators will mail an expanded information sheet which will have more room for information regarding needs, medications and activities.)

The history is correct so far as I know, and the camper named on this application has permission to engage in all camp activities except as noted. *Initials* \_\_\_\_\_

### **Authorization for Medical Treatment**

I hereby grant permission for any emergency medical, surgical, anesthesia or other procedure deemed necessary for my self/son/daughter/ward during his/her stay at Camp Blessing. It is understood that emergency treatment will be performed in a nearby hospital. I also grant permission for administration of medications or treatment of minor injuries or illnesses as prescribed by a physician. *Initials* \_\_\_\_\_

The following over-the-counter medications are stocked at camp and will be administered by Camp Health Supervisor as needed: Acetaminophen, Benadryl, cough suppressant, throat lozenges, anti-diarrhea, MOM, anti-biotic ointment, topical pain reliever. I do \_\_\_\_\_ do not \_\_\_\_\_ give permission.

All prescriptions, over-the-counter medications, vitamins, and herbal products MUST be in original containers with camper's name. Instructions given below MUST match information on prescription container. Medication:  
 \_\_\_\_\_  
 \_\_\_\_\_

**RELEASE FOR OFF-CAMP ACTIVITIES:** To be signed by parent or guardian for all Campers under 18 years of age, or Special Persons with guardians.

*The above named Camper may be taken on recreational and educational field trips under the supervision of Camp Blessing, Inc. during this Camp week.*

Signature \_\_\_\_\_ Date \_\_\_\_\_